Long Lake Camp. 914 693 7111, fax. 914 693 7684

2015 LONG LAKE CAMP MEDICAL CENTER PATIENT INFORMATION FORM
Please return to Long Lake Camp by April 1st

Please sign the Assignment of Benefits and Release of Information below. This allows us to submit a claim for your child. **Enclose a copy (front and back) of your insurance card** and any pertinent insurance information we would need. Also send any claim form you feel are necessary for your situation.

CAMPER SESSION_____

CAMPER (FIRST)_____ (LAST) _____

CAMPER'S DATE OF BIRTH_____(SEX)_____

PARENTS (FIRST)_____(LAST)_____

ADDRESS_____

CITY_____STATE_____ZIP_____

INSURANCE CARRIER_____

SUBSCRIBER'S NAME_____

SUBSCRIBER'S DATE OF BIRTH_____SS#_____

INSURANCE ID#_____GROUP #_____

ADDRESS FOR CLAIMS TO BE SENT_____

ASSIGNMENT OF BENEFITS

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICES DESCRIBED BELOW.

SIGNATURE_____ **DATE**_____

RELEASE OF INFORMATION

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS TO THE PARTY THAT ACCEPTS ASSIGNMENTS BELOW.

SIGNATURE_____ **DATE**_____

PLEASE BE AWARE THAT YOU ARE RESPONSIBLE FOR ANY DEDUCTIBLE, NON-COVERED CHARGES OR MEDICINES.
PLEASE INCLUDE PHOTO COPY FRONT AND BACK OF YOUR INSURANCE ID CARD